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**MASSHEALTH
THE ELIGIBILITY PROCESS**

**Chapter 516
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Rev. 07/01/97

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516.001: Overview

- (A) The eligibility process consists of the activities conducted for the purpose of determining, redetermining, and maintaining eligibility.
- (B) All applicants must file an application for MassHealth at a MassHealth Enrollment Center or outreach site.
- (C) MassHealth may request additional information or documentation, if necessary, to determine eligibility.
- (1) MassHealth sends the applicant written notification requesting verifications to corroborate information necessary to determine eligibility, generally within five days of the receipt of the application.
- (2) The notice must advise the applicant that the requested verifications must be received within 30 days of the date of the request, and of the consequences of failure to provide the information.
- (D) If the requested information, with the exception of verification of immigration status, is not provided within 30 days of the date of the request, MassHealth benefits may be denied.
- (1) Except as provided in 130 CMR 515.003(C), if the requested information is submitted within 30 days of the denial, the date of receipt of one or more of the verifications is considered the date of reapplication.
- (2) The date of reapplication replaces the date of the denied application. The applicant's earliest date of eligibility for MassHealth is based on the date of reapplication.
- (3) If a reapplication is subsequently denied and not appealed, the applicant must submit a new written application for benefits to pursue eligibility for MassHealth. The earliest date of application then becomes the date of the new written application.

516.002: Date of Application

- (A) The date of application is the date that a completed application is received at a MassHealth Enrollment Center or outreach site. An application is considered complete when all financially related questions have been answered. If unsigned, the application is returned for a signature during the verification process.
- (B) If an applicant described in 130 CMR 519.002(A)(1) has been denied SSI in the 30-day period before the date of application for MassHealth, the date of application for MassHealth is the date the person applied for SSI.

516.003: Matching Information

MassHealth initiates matches with other agencies when an application for MassHealth is received in order to update or verify eligibility. These agencies and matches may include, but are not limited to, the following agencies: the Department of Employment and Training, Department

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of Public Health's Bureau of Vital Statistics, Department of Industrial Accidents, Department of Veteran's Services, Department of Revenue, Bureau of Special Investigations, Internal Revenue Service, Social Security Administration, Alien Verification Information System, Department of Transitional Assistance, and banks and other financial institutions.

516.004: Time Standards for Eligibility Determination

(A) For applicants who do not apply on the basis of a disability, a determination of eligibility must be made within 45 days from the date of receipt of the complete application for MassHealth.

(B) For applicants who apply for MassHealth on the basis of a disability, a determination of eligibility must be made within 90 days from the date of receipt of the complete application, including a disability supplement, if required. If MassHealth determines unusual circumstances exist, the timeframes for determining eligibility are extended.

516.005: Coverage Date

The begin date of Standard, Essential, or Limited coverage may be retroactive to the first day of the third calendar month before the month of application, if covered medical services were received during such period, and the applicant or member would have been eligible at the time services were provided. If more than one application has been submitted and not denied, the begin date will be based on the earliest application that is approved. For MassHealth Essential, coverage can begin no earlier than June 1, 2004. For MassHealth Essential members enrolled from a waiting list, coverage is determined in accordance with 130 CMR 515.003(C)(2).

516.006: Eligibility Determination

(A) MassHealth reviews eligibility at least every 12 months with respect to circumstances that may change. MassHealth updates the file based on information received as the result of such review. Eligibility may be reviewed:

- (1) as a result of a member's reported changes in circumstances;
- (2) by external matching with other agencies; and
- (3) where matching is not available, through a written update of the member's circumstances on a prescribed form.

(B) If the member fails to provide a written update or information within 30 days of the request, MassHealth coverage may be terminated.

(C) If the requested update or information is submitted within 30 days from the date of the termination, a second eligibility determination is made within 15 days. Eligibility may be established retroactive to the date of termination, if otherwise eligible.

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516.007: Notice

- (A) All applicants and members, as well as certain others described below in 130 CMR 516.007, will receive written notice of the determination of eligibility for MassHealth. The notice will contain an eligibility decision for each member who has requested MassHealth, and provide information enabling the applicant or member to determine the reason for any adverse decision.
- (B) Members will also receive a notice of any changes in coverage type or patient-paid amount, or of loss of coverage.
- (C) In addition to sending notices to applicants and members, such written notices will be provided to the institution or eligibility representative, as well as the community spouse, as defined at 130 CMR 520.016(B)(1)(c). This may include, in the case of death, the executor, administrator, or legal representative of the deceased individual's estate.
- (D) All notices will provide information about the right of the applicant or member to a fair hearing, with the exception of asset assessments described at 130 CMR 520.016. Information about the appeal process is found at 130 CMR 610.000.

516.008: Voluntary Withdrawal

The applicant or eligibility representative may voluntarily withdraw his or her request for MassHealth. An eligibility representative may also withdraw a request for MassHealth on behalf of a deceased applicant.

516.009: Issuance of a MassHealth Card

- (A) MassHealth will issue a card to a new member, with the exception of those who receive MassHealth Buy-In coverage.
- (B) A temporary card may be issued to a member if there is an immediate need.